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Bib Data Sheet

|   |   |   |   |                                      |                                |
|---|---|---|---|--------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/666,054  | <b>FILING DATE</b><br>09/20/2000<br><b>RULE</b> -   | <b>CLASS</b><br>370                                 | <b>GROUP ART UNIT</b><br>2664   | <b>ATTORNEY DOCKET NO.</b><br>HI-017 |                                |
| <b>APPLICANTS</b><br>Sang Ho Lee, Kyongki-do, KOREA, REPUBLIC OF;<br>** CONTINUING DATA ***** <i>NONE</i><br>** FOREIGN APPLICATIONS ***** <i>AW</i><br>REPUBLIC OF KOREA 40760/1999 09/21/1999   |   |   |   |                                      |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br>GRANTED ** 11/02/2000 -   |   |   |   |                                      |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>KOREA,<br>REPUBLIC<br>OF | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>25            | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>-<br>Fleshner & Kim LLP<br>PO Box 221200<br>Chantilly, VA 20153   |   |   |   |                                      |                                |
| <b>TITLE</b><br>System and method for controlling duplexing in an ATM switching system  |   |   |   |                                      |                                |
| <b>FILING FEE RECEIVED</b><br>936   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |                                |